

Cambrian School District
4115 Jacksol Drive
San Jose, CA 95124
(408) 377-2103

PERMISSION SLIP & \$7 CASH PAYMENT
DUE: MONDAY, FEBRUARY 9, 2015

FIELD TRIP AUTHORIZATION & RELEASE

My child, Name: _____ Age: _____

Address: _____ City: _____ Zip: _____
has my permission to participate in the activity shown below.

Activity: _____ Santa Clara County Superior Court _____ on Date: Friday, February 27, 2015

Leaving from Price Middle School Time of Departure: 11:15 a. m. Time Returning: 1:45 p.m.

Transportation: Walking: _____ School Transportation: **BUS** Voluntary Drivers: _____

****Students must bring a disposable lunch.**

Drivers of personal automobiles have signed a document stating that they will comply with board policy and procedures to ensure student safety.

My child is under age 6 and/or under 60 pounds _____. I understand that I will provide an appropriate child passenger restraint system.

MEDICAL AUTHORIZATION- The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the Cambrian School District to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless Cambrian School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Participant's Physician: _____
Physician's Address: _____ Telephone No.: _____
Medical Insurance: _____ Group Number: _____
Subscriber's Name: _____ ID Number: _____
Employer's Address: _____

Please note any medical/physical problems/conditions your child may have. It is important to include anything that might present a problem, however unlikely, while your student is in our care. Please include such conditions as Asthma, Diabetes, motion sickness and sleepwalking, all allergies (include requirement to carry an EpiPen).

Please note any medications your child is taking and why. Please be very specific about dosages, times taken and precautions that must be taken.

<u>Medication</u>	<u>Dosage/Time</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teacher Acknowledgement of receipt of medication: _____
(signature and date)

(OVER)

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting Participant to participate in the above activity with the knowledge of the damages involved and I agree to accept any and all risks of injury or death.

Parent/Guardian please initial here: _____

In consideration of Participant's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **Cambrian School District**, its officers, agents or employees for injury, death or property damages arising from Participant's participation in the activity described above.

In addition, I release and discharge the **Cambrian School District**, its officers, agents and employees from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Participant's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, _____ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Parent/Guardian's Signature _____ **Date** _____

Parent Contact Phone: Home: _____ Work: _____ Cell: _____

Revised: 11/5/07

Will parent chaperone field trip? YES NO (CIRCLE ONE)

If yes, Parent Name _____ Student Name _____

Phone(s) _____

Email(s) _____

All chaperones will travel by bus with students and teacher.

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